

**INDIANA PROFESSIONAL STANDARDS BOARD
INTERNSHIP ENROLLMENT FORM**

BEGINNING TEACHER INFORMATION:

Social Security Number _____ - _____ - _____

Name _____
last first middle

Address _____
street city zip

License Number: _____ (check if) Standard _____ Reciprocal _____

Training Institution (college) _____ State _____

School Corporation _____ Number _____

School _____ Number _____

Teaching Assignment _____ Grade level _____

Orientation Conference Date _____ First Teaching Day _____
(The mentor must be appointed and the orientation conference held before the Beginning Teacher's first day in the classroom.)

MENTOR INFORMATION: *(Principal please note. Only one teacher may be assigned to a mentor.)*

Social Security Number _____ - _____ - _____

Name _____ Date Appointed _____
last first

School Corporation (if different) _____ Number _____

School (if different) _____ Number _____

PRINCIPAL INFORMATION:

Printed Name _____ School (if different) _____

Signature _____ Date _____

School Telephone Number (_____) _____ - _____.

ADVISOR INFORMATION: *(The Beginning Teacher may request a College Advisor to be part of his/her program, if so).*

Advisor Name _____ College _____

Please forward to:

Beginning Teacher Internship Program
Indiana Professional Standards Board
101 West Ohio Street, Suite 300
Indianapolis, IN 46204-1953
FAX: (317) 232-9023